

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013783

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 328

Primary Registration District No. 2073

Registrar's No. 20

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

FILED APR 10 1962

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

CHAFFEE

Length of stay in 1b

18 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

221 FRATES AVE.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY
OR TOWN

CHAFFEE

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

221 FRATES AVE.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First JAMES

Middle AVERY

Last BAIR

First

Middle

Last

4. DATE
OF DEATH

Month

Day

Year

MARCH 31, 1962

5. SEX

MALE

6. COLOR OR RACE
WHITE7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

FEB. 21, 1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR

Months 1 Days 10

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MECHANIC (RET.)

10b. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (City and state or country)

NEPTUNE, OHIO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ALFRED A. BAIR

13b. MOTHER'S MAIDEN NAME

MARY LUTZ

14. NAME OF HUSBAND OR WIFE

JULIA ETTA BAIR

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Mrs. JULIA ETTA BAIR - CHAFFEE, Mo.18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Electrolyte Imbalance

INTERVAL BETWEEN
ONSET AND DEATH

48 hrs

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cerebral Vascular Accident

1 wk

DUE TO (c)

Diabetes Mellitus

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1957 to 31 Mar 62 and last saw him alive on 31 Mar 62

Death occurred at 2:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

R. E. Jubbe, M.D.

(Degree or title)

22b. ADDRESS

CHAFFEE, Mo.

22c. DATE SIGNED

2 Apr 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

APRIL 3, 1962

23c. NAME OF CEMETERY OR CREMATORY

FORREST HILLS CEMETERY (NEAR)

23d. LOCATION (City, town, or county)

MORLEY, MISSOURI

(State)

24. FUNERAL DIRECTOR

Bisping & Hoff Funeral Home - CHAFFEE, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

April - 5 - 1962

26. REGISTRAR'S SIGNATURE

Mrs Fred Bisping

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.